PTO/SB/21 (08-03)

| C'O                                                                       | nonwork Reduction Act of 190                                                                                                                                                                                                                                  | 5 no nomon   | U.S. Patent<br>is are required to respond to a collection<br>Application Number                                                                                                                                                | Approved for<br>and Trademark Office to the control of the control o | use through<br>e; U.S. D                                                       | gh 08/30/2003. OMB<br>DEPARTMENT OF C   | OMMERCE       |
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| TINDER THE PA                                                             | DEIWOIK REDUCTION ACT OF 199.                                                                                                                                                                                                                                 | 3. NO DEISOI | Application Number                                                                                                                                                                                                             | 10/632,449                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ia iculauje                                                                    | NS A VAIIU ONID COIII                   | TO HEILIDEI.  |
| l ğ π                                                                     | TRANSMITTAL                                                                                                                                                                                                                                                   |              | Filing Date                                                                                                                                                                                                                    | July 31, 2003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                |                                         |               |
| 3/                                                                        |                                                                                                                                                                                                                                                               |              | First Named Inventor                                                                                                                                                                                                           | Le                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                |                                         |               |
| (to be used for                                                           | all correspondence after initia                                                                                                                                                                                                                               | l filing)    | Art Unit                                                                                                                                                                                                                       | 3682                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                |                                         |               |
| (                                                                         |                                                                                                                                                                                                                                                               |              | Examiner Name                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                | •                                       |               |
| Total Number of                                                           | Pages in This Submission                                                                                                                                                                                                                                      | 2            | Attorney Docket Number                                                                                                                                                                                                         | 1229.0001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                |                                         |               |
|                                                                           |                                                                                                                                                                                                                                                               | ENC          | LOSURES (Check all that                                                                                                                                                                                                        | apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                |                                         |               |
| Amendm A A Extension Express Informati Certified Documer Respons Incomple | smittal Form  ee Attached  ent/Reply  fter Final  ffidavits/declaration(s)  n of Time Request  Abandonment Request  on Disclosure Statement  Copy of Priority  att(s)  e to Missing Parts/ te Application  esponse to Missing Parts  nder 37 CFR 1.52 or 1.53 |              | Drawing(s)  Licensing-related Papers  Petition  Petition to Convert to a  Provisional Application  Power of Attorney, Revocation  Change of Correspondence Addre  Terminal Disclaimer  Request for Refund  CD, Number of CD(s) | to Apport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Technologeal Cor<br>Appeals<br>peal Cor<br>opeal Not<br>oprietary<br>atus Lett | osure(s) (please                        | pard          |
|                                                                           | SIGNA                                                                                                                                                                                                                                                         | ATURE (      | OF APPLICANT, ATTORN                                                                                                                                                                                                           | EY, OR AGEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Γ                                                                              |                                         |               |
| Firm<br>or<br>Individual name                                             | Jeffrey Wax<br>Wax Law Group, 2118 W                                                                                                                                                                                                                          | /ilshire Blv | d., Ste. 407, Santa Monica, CA 90                                                                                                                                                                                              | 403                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                |                                         |               |
| Signature $250$                                                           |                                                                                                                                                                                                                                                               |              |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                |                                         |               |
| Date                                                                      | 4/7/0                                                                                                                                                                                                                                                         | <del>(</del> |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                |                                         |               |
|                                                                           |                                                                                                                                                                                                                                                               | ERTIFIC      | CATE OF TRANSMISSION                                                                                                                                                                                                           | /MAILING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                |                                         | $\overline{}$ |
|                                                                           | at this correspondence is<br>as first class mail in an e                                                                                                                                                                                                      | being facs   | imile transmitted to the USPTO or<br>Idressed to: Commissioner for Pat                                                                                                                                                         | deposited with the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                |                                         |               |
| Typed or printed                                                          | name Jeffrey Wax                                                                                                                                                                                                                                              |              |                                                                                                                                                                                                                                | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                | • • • • • • • • • • • • • • • • • • • • |               |
| Signature                                                                 | 950                                                                                                                                                                                                                                                           | W.           |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date                                                                           | 4/7/04                                  |               |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

## POWER OF ATTORNEY FOR UTILITY PATENT APPLICATION

| - 105          |                                 |                                   |      |  |
|----------------|---------------------------------|-----------------------------------|------|--|
| Tallwentor(s): | Alan L. Grantz                  | Lynn B. Lee                       |      |  |
| Serial No.:    | 10/632,449                      | Examiner:                         |      |  |
| Filed:         | July 31, 2003                   | Group Art Unit:                   | 3682 |  |
| Title:         | Method and System For Withstand | ng Shock In A Spindle Motor Beari | ng   |  |
| Docket:        | STL 3333                        |                                   |      |  |

## **POWER OF ATTORNEY**

In regard to the above-referenced utility patent, the following patent attorneys/patent agents are hereby appointed to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected herewith.

| SEAGATE TECHNOLOGY LLC                        |                                                   |  |  |  |
|-----------------------------------------------|---------------------------------------------------|--|--|--|
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| David K. Lucente, Registration No. 36,202     | Raghunath S. Minisandram, Registration No. 38,683 |  |  |  |
| Derek J. Berger, Registration No. 45,401      | Carol I. Bordas, Registration No. 37,284          |  |  |  |
| Kirk A. Cesari, Registration No. 47,479       | Paul T. Dietz, Registration No. 38,858            |  |  |  |
| Mitchell K. McCarthy, Registration No. 38,794 | Joseph F. Villella, Jr. Registration No. 30,599   |  |  |  |
| Jesus Del Castillo, Registration No. 51,604   | Brendan Hanley, Registration No. 52,429           |  |  |  |

| THE WAX LAW GROUP                          |                                       |                                          |  |  |  |
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STATEMENT UNDER 37 CFR 3.73(b)

Seagate Technology LLC states that it is the Assignee of Entire Interest in the patent application/patent identified above by virtue of an Assignment from the inventor(s) of the patent application/patent identified above. A copy of the Assignment is attached and/or was recorded in the Patent and Trademark Office. The undersigned (whose title is supplied below) is empowered to sign this statement on behalf of the Assignee.

Respectfully submitted,

SEAGATE TECHNOLOGY LLC (Assignee of Entire Interest)

Date

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